



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

|   |   |                               |   |  |
|---|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/644,503  | <b>FILING DATE</b><br>08/24/2000<br><b>RULE</b> _   | <b>CLASS</b><br>700           | <b>GROUP ART UNIT</b><br>2121   | <b>ATTORNEY DOCKET NO.</b><br>SMG200A1 |
| <b>APPLICANTS</b><br>John D. Kutzko, Nokomis, FL ;<br>Michael G. Singer, Harrisville, MI ;<br>John McMichael, Wexford, PA ;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CIP OF 09/348,592 07/06/1999<br><br><b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 10/11/2000</b>  |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met <input type="checkbox"/> Allowance<br>Verified and Acknowledged <u>                    </u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>FL | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>50              |
|   |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>27        |
| <b>ADDRESS</b><br><br>Intellectual Property Law Offices<br>Weiner & Burt PC<br>635 N US 23<br>P O Box 186<br>Harrisville ,MI 48740  |   |                               |   |  |
| <b>TITLE</b><br>Method and system for use in treating a patient with an anticoagulant to optimize therapy and prevent an adverse drug response  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>1551  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |